

Please complete this permission form and return it to
Raberge's Leadership Martial Arts

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Child's Name: _____ Birth date: _____

Parent's/Guardian's Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Email address: _____

Student sponsor's name: _____

_____ I would like more information about a **free** private lesson at Raberge's Leadership Martial Arts.

In consideration for my attendance and participation in this academy's martial arts training, I, the student/parent/guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the academy, its management, assigned staff and fellow students, from any liability resulting from personal injury or loss of personal belongings. I also state the student named above are physically fit to take the prescribed course of instruction and do so of their own free will. I also give permission for my child to have their picture (including video and sound) taken as a participant at Raberge's Leadership Martial Arts and consent to the reproduction, use, and distribution thereof for any purpose including, but not limited to, promotion and advertising to be used in electronic, print, and internet media.

Parent's/Guardian's signature: _____ Date: _____

Parent's/Guardian's printed name: _____

Raberge's Leadership Martial Arts

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Lakeville, Minnesota 55044

Call us: 952-469-2522

Check us out: martialartslakeville.com

Email us: info@martialartslakeville.com

Watch us: youtube.com/kraberge5

Birthdays: martialartslakeville.info/birthdayparties

